

PayFlex Systems USA, Inc.

Report Guide

COBRA & Direct Billing

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Reporting Overview

PayFlex has several reports to help you reconcile the premium payments that we have sent. You can also use these reports to track activity for your participants' benefits. When a report is available in the Employer Portal, we'll send an e-mail to your report contact.

This guide will tell you about these reports. It will explain the purpose of each report and the type of information that each report provides.


Remittance Reporting

We have several reports for the premiums that we collect from your participants. Generally, we send these premiums monthly.

Employer Remittance Check


Though not a report, per se, this does give you some information for the premium remittance. If we mail a check for the premiums that we have collected, we will do so in a pressure-sealed document. The top portion of the summary will tell you if we withheld any subsidy payments and administration fees. You can also get an electronic copy of this on the Employer Portal.

Sample Company	Premium Remittance	
Check Number: 000005188	Remittance Date: 11/13/2009	Total Check Amount: ****\$440.00
Premium remittance details will be sent separately.		
Gross Premiums:		\$440.00
Client Directed Participant Specific Subsidy Applied:		\$0.00
Administration Fees:		\$0.00
Net Premium Remittance:		\$440.00

	PayFlex Systems USA, Inc. DIRECT BILLING DEPARTMENT P.O. BOX 2239 OMAHA, NE 68103-2239	AMERICAN NATL BK Omaha, NE 68114 76-4/1049	NO. 000005188 VOID 90 DAYS FROM DATE OF ISSUE
DATE 11/13/2009		AMOUNT ****\$440.00	

PAY *** FOUR HUNDRED FORTY DOLLARS AND NO CENTS ***

TO THE ORDER OF Sample Company
1234 MAIN STREET
OMAHA, NE 68135


AUTHORIZED SIGNATURE


3

000005188 11/13/2009 \$440.00

Employer Remittance Summary

This is a summary of the premiums we have remitted via ACH. Similar to the remittance check, this will show how much we have withheld for subsidy payments and administration fees. The Net Premium Remittance is the amount that we have deposited.

Note: This Net Premium Remittance can be a negative amount. This could happen if we have to refund previously remitted premium dollars and administration fees (for ex., a participant's check doesn't clear due to insufficient funds). If the total refunds exceed the premium due for the month, then this will net to a negative amount. If the Transfer Destination is set up for ACH, this amount will be withdrawn from the bank account of record.

<u>Premium Remittance Summary</u>	
	
PayFlex Systems USA, Inc. DIRECT BILLING DEPARTMENT P.O. BOX 2239 OMAHA, NE 68103-2239	
Employer: 116128 - Sample Company	Remittance Date: 12/15/2009
Premium remittance details will be sent separately.	
Gross Premiums:	\$145.00
Client Directed Participant Specific Subsidy Applied:	\$0.00
Administration Fees:	\$0.00
Net Premium Remittance:	<hr/> \$145.00
IMPORTANT: The amount shown as the Net Premium Remittance will be deposited into your bank account of record within 2 business days.	

Premium Remittance Register Report

The Premium Remittance Register Report gives you the detail for the premiums that we have sent.

The Coverage Information gives you the detail by Carrier. For each carrier, the report provides detail for Plan Code, level of coverage and the payment period. If we're remitting premiums to multiple Transfer Destinations, the Consolidated Premium Remittance Register Report is created to consolidate all remittance activity for the collection cycle.

Employer Information:

Date Created	Transfer Destination	Employer Id	Employer
12/15/2009	Sample Company	116128	Sample Company
12/15/2009	Sample Company	116128	Sample Company

Participant Information:

Division	Member Number	Last Name	First Name	Middle Initial
West	987654320	SMITH	MATT	
West	987654320	SMITH	MATT	

Coverage Information:

Carrier	Plan Code	Coverage	Interval Paid	Premium Amount	...
ML	ML1	Employee Only	[01/01/2010-01/31/2010]	\$45.00	...
UHC	UHC1	Employee Only	[01/01/2010-01/31/2010]	\$100.00	...

...	Fee Amount	Subsidy Withheld	Transfer Amount	Fee Description
...	\$0.00	\$0.00	\$45.00	
...	\$0.00	\$0.00	\$100.00	

ARRA Report

The ARRA Report gives you the supporting detail for all ARRA-funded subsidies. For Specific Coverage Information, the report provides the detail by carrier (Ins Code). For each carrier, the report provides detail for Plan Code, level of coverage and the payment period. **Note:** This report is only for COBRA.

Employer Information:

Employer Name
Sample Company
Sample Company

Participant Information:

Division	Code 941	PQB SSN	Employee ID	Last Name	First Name
West	ABC	000000000	000000000	SMITH	JOHN
West	ABC	000000000	000000000	SMITH	JOHN

Event Information:

Event Type	ARRA Start Date
Reduced Hours	1/1/2010
Reduced Hours	1/1/2010

Coverage Information:

Ins Code	Plan Code	Description	Coverage Level	...
HUMANA: HUMANA	HUMANA:DENPREM	Humana Dental Premier	SINGLE ONLY	...
HUMANA: HUMANA	HUMANA:PREMIER	Humana Medical Premier	SINGLE ONLY	...

...	Paid Date	Voided Payment	Void Date	Coverage Period Begin	Coverage Period End	Participant Premium Amt
...	2/3/2010			1/1/2010	1/31/2010	\$10.95
...	2/3/2010			1/1/2010	1/31/2010	\$198.44

Subsidy Information:

Company Paid Subsidy Amt	Admin Fee	Stimulus Amt For 941 Filing	Total Premium WO 2 Percent
\$0.00	\$0.61	\$20.33	\$30.67
\$0.00	\$11.12	\$368.52	\$555.84

Periodic Status Reports

PayFlex has a number of other standard reports. You can receive these on a periodic basis of your choosing. You can also run these reports on demand. The periodic frequencies you can choose from are:

- **Daily** – Delivered daily
- **Weekly** – Delivered on Sunday for the previous seven day period (Sunday – Saturday)
- **Monthly** – Delivered on the first day of the month for the previous calendar month
- **Quarterly** – Delivered on the first day of each quarter for the previous calendar quarter
- **Annually** – Delivered on the first day of the year based on the employer's service effective date

As with all of PayFlex's reports, we'll send an e-mail to your Reporting contacts and deliver the reports to the Employer Portal.

E-mailed reports come from reporting@payflex.com.

Age Attainment Report

The Age Attainment Report will list all participants and dependents, enrolled in a benefit, which are near the age limit for that benefit. You or the enrolled member will have to take appropriate action.

Each Age Attainment Report covers a period of approximately five weeks. The member will first appear on this report 60 days prior to when he or she will reach the age limit. That person will stay on the report for 90 days.

Employer Information:

Employer Id	Employer	Created
116128	Sample Company	10/01/2009
116128	Sample Company	10/01/2009

Participant Information:

Division	Member Number	Participant First Name	Participant Last Name	Participant Age Today	Participant DOB
Nebraska	987654320	MATT	SMITH	65	09/30/1944
Maryland	987654321	JOE	JONES		

Coverage Information:

Benefit
Medical Pre 65 PPO
Medical Pre 65 PPO

Dependent Information:

Dependent First Name	Dependent Last Name	Dependent Age Today	Dependent DOB
JOYCE	JONES	64	10/27/1944

Census Report

The Census Report details the coverage for each participant and dependent that we are billing.

Employer & Service Information:

Employer Id	Employer Name	Service Type
111111	Sample Company	Direct Billing
111111	Sample Company	Direct Billing
111111	Sample Company	Direct Billing
111111	Sample Company	Direct Billing
111111	Sample Company	Direct Billing
111111	Sample Company	Direct Billing

Participant Information:

Participant Id	Member Number	SSN	Last Name	First Name	Middle Initial	...
12345	000000000	000000000	SMITH	JOHN		...
12345	000000000	000000000	SMITH	JOHN		...
12345	000000000	000000000	SMITH	JOHN		...
12345	000000000	000000000	SMITH	JOHN		...
12345	000000000	000000000	SMITH	JOHN		...
12345	000000000	000000000	SMITH	JOHN		...

...	Category	Division	DOB	Gender	Status	Term Date	...
...	Default		06/14/1943		ENROLLED		...
...	Default		06/14/1943		ENROLLED		...
...	Default		06/14/1943		ENROLLED		...
...	Default		06/14/1943		ENROLLED		...
...	Default		06/14/1943		ENROLLED		...
...	Default		06/14/1943		ENROLLED		...

...	Address 1	Address 2	City	State	Zip	...
...	123 MAIN ST		OMAHA	NE	68105	...
...	124 MAIN ST		OMAHA	NE	68105	...
...	125 MAIN ST		OMAHA	NE	68105	...
...	126 MAIN ST		OMAHA	NE	68105	...
...	127 MAIN ST		OMAHA	NE	68105	...
...	128 MAIN ST		OMAHA	NE	68105	...

...	Country	Phone	Enrolled Date	Hire Date	Last Paid Date	Paid Through Date
...	US		09/01/2009		02/08/2010	02/28/2010
...	US		09/01/2009		02/08/2010	02/28/2010
...	US		09/01/2009		02/08/2010	02/28/2010
...	US		09/01/2009		02/08/2010	02/28/2010
...	US		09/01/2009		02/08/2010	02/28/2010
...	US		09/01/2009		02/08/2010	02/28/2010

Employee Information if the Participant is/was not the Employee:

Employee Member Number	Employee First Name	Employee Middle Initial	Employee Last Name

Coverage Information:

Participant Benefit Id	Carrier	Benefit Type	Original Benefit Start Date	Benefit Code	Carrier Plan Code	Policy Number	...
560266	BCBSOK	MED		483100-0014	483100-0014		...
560266	BCBSOK	MED		483100-0014	483100-0014		...
560268	BCBSOK	RX		483103-3002	483103-3002		...
560268	BCBSOK	RX		483103-3002	483103-3002		...
560270	DELTA	DEN		5900-3301	5900-3301		...
560270	DELTA	DEN		5900-3301	5900-3301		...

...	Benefit Description	Coverage Level Code	Coverage Level Description
...	HSC Main BCBS Medicare Supplement	2	Retiree + Spouse
...	HSC Main BCBS Medicare Supplement	2	Retiree + Spouse
...	HSC Medicare Part D	5	Retiree + Spouse
...	HSC Medicare Part D	5	Retiree + Spouse
...	Basic Dental HSC	2	Retiree + Spouse
...	Basic Dental HSC	2	Retiree + Spouse

...	Coverage Start Date	Coverage End Date	Billing Start Date	Coverage Amount	Coverage Premium	...
...	09/01/2009		09/01/2009		\$600.07	...
...	09/01/2009		09/01/2009		\$600.07	...
...	09/01/2009		09/01/2009		\$260.40	...
...	09/01/2009		09/01/2009		\$260.40	...
...	09/01/2009		09/01/2009		\$55.32	...
...	09/01/2009		09/01/2009		\$55.32	...

...	General Subsidy Amount	General Subsidy Amount Interval	...
...	\$300.04	[01/01/2010-12/31/2010]	...
...	\$300.04	[01/01/2010-12/31/2010]	...
...	\$130.20	[01/01/2010-12/31/2010]	...
...	\$130.20	[01/01/2010-12/31/2010]	...
...	\$16.82	[01/01/2010-12/31/2010]	...
...	\$16.82	[01/01/2010-12/31/2010]	...

...	Participant Amount	Next Premium Due Date	Payments Remitted To Date
...	\$0.00	03/01/2010	\$1,697.54
...	\$0.00	03/01/2010	\$1,697.54
...	\$0.00	03/01/2010	\$781.20
...	\$0.00	03/01/2010	\$781.20
...	\$18.18	03/01/2010	\$217.00
...	\$18.18	03/01/2010	\$217.00

Dependent Information:

Dependent Id	Dependent Member Number	Relation	Relation Description	Dependent Last Name	Dependent First Name	...
						...
123	000000000	SPOUSE	Spouse	SMITH	MARY	...
						...
123	000000000	SPOUSE	Spouse	SMITH	MARY	...
						...
123	000000000	SPOUSE	Spouse	SMITH	MARY	...

...	Dependent Middle Initial	Dependent SSN	Dependent DOB	Dependent Gender	Full Time Student	Handicapped
...						
...		000000000	1/1/1970	F	false	false
...						
...		000000000	1/1/1970	F	false	false
...						
...		000000000	1/1/1970	F	false	false

Dependent Coverage Information:

Dependent Benefit Id	Dependent Coverage Start Date	Dependent Coverage End Date
1370	09/01/2009	
1366	09/01/2009	
1368	09/01/2009	

Deficient Payment Report

Sometimes, members send in partial payments. The Deficient Payment Report identifies those partial payments for the reporting period. This report will show the premium amount due; how much the member paid; and the balance still due.

Employer Information:

Employer Id	Employer Name	Date Created
116128	Sample Company	11/01/2009
116128	Sample Company	11/01/2009

Participant Information:

Level (Sub Group-Benefit Group)	Member Number	Last Name, First Name	Paid Through Date	Premium Amount Due	Amount Paid	Amount Owed
Maryland	987654321	JONES, JOE		\$1,398.26	\$459.20	\$939.06
Nebraska	987654320	SMITH, MATT	09/30/2008	\$1,398.26	\$28.08	\$1,370.18

Participant Amount Billed Report

The Participant Amount Billed Report is for our clients who use statements instead of coupon. The report will list all the benefits that we have billed for the reporting period.

Employer Information:

Created	Employer Id	Employer
11/08/2009	116128	Sample Company
11/08/2009	116128	Sample Company
11/08/2009	116128	Sample Company
11/08/2009	116128	Sample Company

Participant Information:

Division	Participant Id	Member Number	Last Name	First Name	Birthdate
Nebraska	82228	987654320	SMITH	MATT	09/30/1944
Nebraska	82228	987654320	SMITH	MATT	09/30/1944
Maryland	103562	987654321	JONES	JOE	09/09/1938
Maryland	103562	987654321	JONES	JOE	09/09/1938

Coverage Information:

Carrier	Plan Code	Benefit Type	Description	Coverage Level	...
Humana	HUMDEN	DEN	Humana Dental Standard Plan	Retiree+Family	...
Blue Cross Blue Shield	BCBSMED	MED	BCBS Medical Plan	Retiree+Family	...
Humana	HUMDEN	DEN	Humana Dental Standard Plan	Retiree Only	...
Humana	HUMMED	MED	Humana Medical Plan	Retiree Only	...

...	Effective	Expiration	Entered	Amount	Transaction Type
...	07/01/2009	07/31/2009	11/02/2009	\$10.07	Premium
...	07/01/2009	07/31/2009	11/02/2009	\$96.27	Premium
...	10/01/2009	10/31/2009	11/02/2009	\$22.84	Premium
...	11/01/2009	11/30/2009	11/02/2009	\$101.16	Premium

Participant Paid Thru Report

The Participant Paid Thru Report details the paid through dates for all participants.

Employer Information:

Date Created	Employer Id	Employer Name
11/08/2009	116128	Sample Company
11/08/2009	116128	Sample Company

Participant Information:

Division Code	Member Number	First Name	Last Name	Status	Status Effective	Paid Thru Date
Nebraska	987654320	SMITH	MATT	Enrolled	10/01/2009	12/31/2009
Maryland	987654321	JONES	JOE	Enrolled	10/12/2009	

Coverage Information:

Earliest Unsatisfied Premium Interval	Grace Period End Date of Earliest Unsatisfied Premium	Billing Start Date	Last Payment Received	Last Payment Postmark
		10/01/2009	10/27/2009	10/25/2009
[12/01/2009-12/31/2009]	12/13/2009	10/12/2009		

Participant Payments and Refunds Report

The Participant Payments and Refunds Report details all cash activity on participants' accounts. The report will show payments made for coverage, any refunds, and returns for insufficient funds.

Employer Information:

Employer Id	Employer Name	Date Created
116128	Sample Company	11/01/2009
116128	Sample Company	11/01/2009
116128	Sample Company	11/01/2009
116128	Sample Company	11/01/2009

Participant Information:

Level/Division Code	Member Number	Last Name	First Name
Nebraska	987654320	SMITH	MATT
Maryland	987654321	JONES	JOE
Maryland	987654322	MILLER	JOHN
Maryland	987654323	JOHNSON	PETER

Transaction Information:

Received	Entered	Postmark	Transaction Type	Payment Type	Amount	Void Reason
10/31/2009	10/31/2009	10/28/2009	Payment	EFT	\$159.15	
10/31/2009	10/31/2009	10/28/2009	Payment	Check	\$220.00	
	10/31/2009		Refund	Check	(\$220.00)	
	10/31/2009		Void	EFT	(\$129.00)	Insufficient Funds

Plan and Rate Report

When we enter rates into our benefits administration system, we'll ask you to confirm them. This report will show you those rates. A member of the PayFlex Implementation Team or your Account Manager will ask you to sign off on this report. **Note:** The Surcharge Percent and Surcharge Amount columns are only for COBRA.

Employer & Carrier Information:

Date Created	Employer Id	Employer Name	As of	Carrier Code	Carrier Description
10/16/2009	116128	Sample Company	10/16/2009	HUM	Humana
10/16/2009	116128	Sample Company	10/16/2009	HUM	Humana
10/16/2009	116128	Sample Company	10/16/2009	BCBS	Blue Cross Blue Shield
10/16/2009	116128	Sample Company	10/16/2009	BCBS	Blue Cross Blue Shield
10/16/2009	116128	Sample Company	10/16/2009	HUM	Humana
10/16/2009	116128	Sample Company	10/16/2009	HUM	Humana

Plan Information:

Benefit Effective Date	Benefit Expiration Date	Benefit Type	Benefit Code	Carrier Benefit Code	Description
10/01/2009		Medical	MED_HUM	MED_HUM	Humana Medical Plan
10/01/2009		Medical	MED_HUM	MED_HUM	Humana Medical Plan
10/01/2009		Medical	MED_BCBS	MED_BCBS	BCBS Medical Plan
10/01/2009		Medical	MED_BCBS	MED_BCBS	BCBS Medical Plan
10/01/2009		Dental	DEN_HUM_ST	DEN_HUM_ST	Humana Dental Standard Plan
10/01/2009		Dental	DEN_HUM_ST	DEN_HUM_ST	Humana Dental Standard Plan

Coverage Level Information:

Coverage Code	Coverage	Coverage Enrollment Eligible	Coverage Hierarchy
1	Retiree Only	Participant Only	1
2	Retiree+Family	Participant and Dependent(s)	2
1	Retiree Only	Participant Only	1
2	Retiree+Family	Participant and Dependent(s)	2
1	Retiree Only	Participant Only	1
2	Retiree+Family	Participant and Dependent(s)	2

Rate Table Parameters:

Rate Table Effective Date	Rate Table Expiration Date	Participant Gender	Participant Starting Age	Spouse/Domestic Partner Starting Age
01/01/2010				
01/01/2010				
01/01/2010				
01/01/2010				
01/01/2010				
01/01/2010				

Rate & Fee Information:

Rate Format	Rate	Fee Percent	Fee Amount	Surcharge Percent	Surcharge Amount	Total
DOLLAR_AMOUNT	\$296.02					\$296.02
DOLLAR_AMOUNT	\$858.43					\$858.43
DOLLAR_AMOUNT	\$274.69					\$274.69
DOLLAR_AMOUNT	\$796.62					\$796.62
DOLLAR_AMOUNT	\$26.88					\$26.88
DOLLAR_AMOUNT	\$76.81					\$76.81

Address Update Report

When we update a participant's address, that information will appear in the Address Update Report.

Employer & Service Information:

Employer ID	Employer Name	Service Type
116128	Sample Company	COBRA
116128	Sample Company	COBRA

Participant Information:

Participant ID	Member Number	First Name	Last Name	Division	...
927440	987654320	MATT	SMITH		...
1087184	987654321	JOE	JONES		...

...	Residential Address 1	Residential Address 2	Residential City	Residential State	Residential Country	Residential Zip Code	...
...	123 MAIN STREET		OMAHA	NEBRASKA	UNITED STATES	68105	...
...	987 DODGE STREET		OMAHA	NEBRASKA	UNITED STATES	68105	...

...	Mailing Address 1	Mailing Address 2	Mailing City	Mailing State	Mailing Country	Mailing Zip Code
...						
...						

COBRA Audit Report

The COBRA Audit Report tells you who has become eligible for, and who has enrolled in, COBRA. Participants in the following statuses for the reporting period will be on this report. **Note:** This report is only for COBRA.

- New Add Pending Enrollment
- Pending Enrollment
- Enrolled
- SSD
- State Extension
- Runout

Employer Information:

Date Created	Employer ID	Employer Name
7/2/2012	116128	Sample Company
7/2/2012	116128	Sample Company

Participant Information:

Participant ID	Member Number	SSN	Last Name	First Name	Middle Initial	Division	Status
927440	987654320	987654320	SMITH	MATT			COBRA Enrolled
1087184	987654321	987654321	JONES	JOE			COBRA Enrolled

Event Information:

Qualifying Event Code	Qualifying Event Description	Qualifying Event Date	Qualifying Event Received	Qualifying Event Notification	Election Form Received
Termination of Employment	Termination	2/10/2011	5/2/2011		4/14/2011
Termination of Employment	Termination	2/17/2011	5/2/2011		4/4/2011

Coverage Information:

Carrier	Benefit Type	Benefit Code	Carrier Plan Code	Policy Number	Benefit Description	...
DELTA	DEN	DELPP0	DELPP0	005508	Delta Dental PPO Dental Plan	...
EYEMED	VIS	STPVS2	STPVS2		EyeMed Enhanced Vision Plan	...

...	Coverage Level Code	Coverage Level Description	Coverage Start Date	Billing Start Date	Coverage End Date	...
...	A	Single	7/1/2011	7/1/2011	8/10/2012	...
...	C	Single plus Spouse	7/1/2011	7/1/2011	8/17/2012	...

...	Coverage Amount	Coverage Premium	General Subsidy Amount	General Subsidy Amount Interval	...
...		\$30.00			...
...		\$15.00			...
...	ARRA Subsidy	ARRA Subsidy	ARRA Subsidy	Participant	...

	Amount	Amount Effective	Amount Expiration	Amount	
...				\$30.00	...
...				\$15.00	...

...	COBRA Effective	COBRA Expiration	COBRA Months	HCTC	ARRA Eligible	ARRA Awarded	ARRA Denied
...	2/11/2011	8/10/2012	18	FALSE	FALSE	FALSE	
...	2/18/2011	8/17/2012	18	FALSE	FALSE	FALSE	

Employer Census Summary Report

The Employer Census Summary Report shows total counts by status. Statuses are summarized into Pending, Enrolled and Terminated. The report will give you this information for each plan, at the level of coverage.

Employer Information:

Date Created	Employer ID	Employer Name	Division
7/2/2012	116128	Sample Company	
7/2/2012	116128	Sample Company	

Coverage Information:

Carrier Name	Plan Code	Plan Description	Status	Coverage Level	Count
DELTA	DELPPO	Delta Dental PPO Dental Plan	Enrolled	Single	1
EYEMED	STPVS2	EyeMed Enhanced Vision Plan	Enrolled	Single plus Spouse	1

Termination Detail Report

The Termination Detail Report shows who has terminated COBRA coverage. **Note:** This report is only for COBRA.

Employer Information:

Date Created	Reporting Period	Employer ID	Employer Name
7/2/2012	[05/01/2012-05/31/2012]	116128	Sample Company
7/2/2012	[05/01/2012-05/31/2012]	116128	Sample Company

Participant Information:

Division	Member Number	Last Name	First Name	Termination Date	Paid Through Date
	987654320	SMITH	MATT	5/1/2012	4/30/2012
	987654321	JONES	JOE	5/17/2012	5/16/2012

Detailed PTD Report

The Detailed PTD Report gives you information on the Paid through Date (PTD) for each participant.

Employer Information:

Date Created	Employer ID	Employer Name
7/2/2012	116128	Sample Company
7/2/2012	116128	Sample Company

Participant Information:

Category	Member Number	SSN	First Name	Last Name	Division	Status	Status Effective Date
LOA	987654320	987654320	SMITH	MATT	Nebraska	Enrolled	10/1/2009
LOA	987654321	987654321	JONES	JOE	Maryland	Enrolled	10/1/2009

Coverage Information:

Benefit Code	Carrier Plan Code	Benefit Description	Coverage Level Code	Coverage Level Description	...
HUMDEN	HUMDEN	Humana Dental Standard Plan	1	Single	...
BCBSMED	BCBSMED	BCBC Medical Plan	4	Family	...

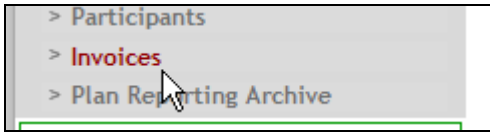
...	Coverage Start Date	Coverage End Date	Billing Start Date	Coverage Amount	Coverage Premium	...
...	10/1/2009		10/1/2009		\$23.00	...
...	10/1/2009		10/1/2009		\$97.00	...

...	Next Premium Due Date	Paid Thru Date	Earliest Unsatisfied Premium Interval	Grace Period End Date of Earliest Unsatisfied Premium Interval	...
...		12/31/2009			...
...	12/1/2009	11/30/2009	[12/01/2009-12/31/2009]	12/31/2009	...

...	Last Payment Received	Last Payment Postmark	Payment Amount	Payments Received To Date
...	10/27/2009	10/25/2009	\$69.00	\$69.00
...	11/1/2009	10/28/2009	\$97.00	\$194.00

Administration Invoices

We bill for services in arrears. For example, December's invoice will be for November activity. We calculate invoices on the first of the month and make them available on the Employer Portal around the fifth of the month. You can download the invoice, along with any supporting detail, under the Invoices tab.



You'll receive notifications regarding your invoices from accounting@payflex.com.

Invoice

The Invoice has a line item for each of the Administration Fees that we charge.

Invoice for Services 06/01/2012 To 06/30/2012				
Description	Base Fee	Rate	Quantity	Total
Per Qualifying Event	\$0.00	\$15.50	512	\$7,936.00
Per Termination Notice	\$0.00	\$3.50	55	\$192.50
Per Initial Notice	\$0.00	\$3.50	208	\$728.00
Subtotal				\$8,856.50
Open Enrollment Packet (535 @ 15.00 a piece)				\$8,025.00
Open Enrollment Postage (535 @ 1.50 a piece)				\$802.50
Total Due				\$17,684.00

The following reports all provide supporting detail for the invoice.

Active Participant Invoice Detail Report

This report is the supporting detail for the Per Participant Rate on the invoice.

Employer Information:

Date Created	Billing Period	Employer ID	Employer Name
12/10/2009	[11/01/2009-11/30/2009]	116128	Sample Company
12/10/2009	[11/01/2009-11/30/2009]	116128	Sample Company

Participant Information:

Division	Participant Category	Member Number	Last Name	First Name	Birth Day
Nebraska	Retiree	987654320	SMITH	MATT	09/28/1946
Maryland	Retiree	987654321	JONES	JOE	02/28/1920

Document Billing Detail Report

This report is the supporting detail for the Per Document Type Rate on the invoice.

Employer Information:

Date Created	Billing Period	Employer ID	Employer Name
12/10/2009	[11/01/2009-11/30/2009]	116128	Sample Company
12/10/2009	[11/01/2009-11/30/2009]	116128	Sample Company

Participant Information:

Division	Member Number	Last Name	First Name	Document Type	Created
Nebraska	987654320	SMITH	MATT	Participant Medicare Letter	11/16/2009
Maryland	987654321	JONES	JOE	Participant Medicare Letter	11/12/2009

Initial Notice Billing Detail

This report is the supporting detail for the Per Initial Notice Rate on the invoice. **Note:** This report is only for COBRA.

Employer Information:

Date Created	Billing Period	Employer ID	Employer Name
12/10/2009	[11/01/2009-11/30/2009]	116128	Sample Company
12/10/2009	[11/01/2009-11/30/2009]	116128	Sample Company

Participant Information:

Division	Member Number	Last Name	First Name	Print Date
Nebraska	987654320	SMITH	MATT	11/05/2009
Maryland	987654321	JONES	JOE	11/01/2009

Qualifying Event Billing Detail

This report is the supporting detail for the Per Qualifying Event Rate on the invoice. **Note:** This report is only for COBRA.

Employer Information:

Date Created	Billing Period	Employer ID	Employer Name
12/10/2009	[11/01/2009-11/30/2009]	116128	Sample Company
12/10/2009	[11/01/2009-11/30/2009]	116128	Sample Company

Participant Information:

Division	Member Number	Last Name	First Name
Nebraska	987654320	SMITH	MATT
Maryland	987654321	JONES	JOE

Event Information:

Event Type	Event Date	Date Notified	Election Ends	Days to Elect	COBRA Months
Termination	10/25/2009	11/15/2009	01/14/2010	35	18
Reduction in Hours	11/20/2009	11/17/2009	01/19/2010	40	3

Termination Invoice Detail Report

This report is the supporting detail for the Per Termination Notice Rate on the invoice.

Employer Information:

Date Created	Billing Period	Employer ID	Employer Name
12/01/2009	[11/01/2009-11/30/2009]	116128	Sample Company
12/01/2009	[11/01/2009-11/30/2009]	116128	Sample Company

Participant Information:

Division	Member Number	Last Name	First Name
Nebraska	987654320	SMITH	MATT
Maryland	987654321	JONES	JOE

Event Information:

Termination Date	Paid Through Date
10/16/2009	10/15/2009
10/21/2009	10/20/2009